



2017 Dog License Application

(This tag expires December 31, 2017)

Owner's Name: _____

Address: _____

Birthdate _____ Phone # _____

Email: _____

Dog's Name: _____ Age: _____

Male _____ Neutered _____ Female _____ Spayed _____

Breed: _____ Predominate Color _____

Date of Vaccination: _____

Clinic: _____

License Fees: ☐ **Yearly \$25 (Calendar Year)** ☐ **Lifetime \$125 (Life of Dog)** ☐ **Replacement Tag \$5**
Program #DOG2017 Program #DOGLT2017 Item Lookup

Please return completed application, proof of vaccination and payment, cash/check/Vis/MC accepted

Checks payable to "City of Shakopee"

Drop off or mail to:

Shakopee Community Center, 1255 Fuller St., Shakopee, MN 55379

Forms can be emailed to: tvaliant@shakopeeMN.gov

Dog License can be purchased online at www.ShakopeeMN.gov

OFFICE USE ONLY

Tag No. _____ Tag Issued By: _____ Date: _____

Credit Card # _____ - _____ - _____ - _____ Expiration Date ____/____ 3 Digit Security Code ____

Signature: _____

Paid \$ _____ Cash _____ Check # _____ CC Visa _____ MasterCard _____ Approval _____